

Per Rule §15-1-14.4.2 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30th
If a completed application for renewal is not received in the Board office on or before June 30 of the year in which it expired, the license is expired.
Renewal applications received after June shall require the payment of a late fee in the amount of \$150.00 in addition to the renewal fee.
Renewal applications not received by the first day of August each year shall require the payment of a reinstatement fee of \$250.00 in addition to the renewal fee.

West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

APPLICATION FOR PERMIT AND/OR RENEWAL TO OPERATE

AS A Third-Party Logistics Provider (3PL)

July 1, 2026 to June 30, 2028

Current name and address:

Old name, address, and license #:

___ Check here IF name or address change
(Address change to a new location, building
or facility requires new application & fee)

___ Check here IF ownership change
(Ownership change requires new application & fee)

Check One: ___ New Application ___ Renewal

WV Wholesale License #: 3PL Email Address: _____

DEA#: _____

PHONE #: _____ FAX#: _____

List other state(s) of licensure: 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ 8. ___ 9. ___

Doing Business As: Individual ___ Partnership ___ Corporation ___

Attach a list of current owner, partners, or corporate officers and title.

Have your premises been inspected for safeguards relative to the Act? ___y ___N

___ Check here if handling Controlled Substances. Circle applicable drug schedules: C-I C-II C-III C-IV C-V

TO THE BEST OF YOUR KNOWLEDGE

To the best of your knowledge, have any owners, partners, corporate officers or any employees with access to drug stock ever been convicted of a felony? _____ If so, attach a detailed statement.

Are any registered pharmacists employed? _____ If yes, please **attach** a list.

AFFIDAVIT: I DO SOLEMNLY SWEAR AND AFFIRM THAT I AM THE AUTHORIZED PERSON TO SIGN FOR THIS APPLICATION FOR LICENSURE AND ALL STATEMENTS MADE ARE TRUE AND CORRECT.

Annual Fees: (Biennial Renewal-Listed fees should be doubled)

NOTE: Every initial application for a permit shall be accompanied by the required fee of **\$750.00**. The renewal of such permit or license shall be **\$750.00 ANNUALLY**. If handling Controlled Substances, an additional fee for the Controlled Substance Handling Permit of **\$50.00** is required, for a total fee of **\$800.00**.

You must attach copies of your Home State License, most current inspection report and Federal (DEA) controlled substance registration. If you are located outside the state of West Virginia, you must attach copies of your federal and state controlled substance registrations, if shipping controlled substances.

Signature: _____

Title: _____